

[Date]

[Policyholder Name]

[Company Name]

[Address Line 1]

[City, State, Zip Code]

**RE: Professional Liability Policy [Policy Number]**

Dear [Policyholder Name],

Welcome to [Insurance Company Name]. We are pleased to provide your Professional Liability insurance coverage for the upcoming term.

This policy is designed to protect your business against claims of negligence, errors, or omissions in the performance of your professional services. Please find your policy documents attached, which include your Declarations Page, Policy Form, and any applicable Endorsements.

**Important Policy Information:**

- **Policy Period:** [Start Date] to [End Date]
- **Limit of Liability:** \$[Amount] per claim / \$[Amount] aggregate
- **Deductible:** \$[Amount] per claim

We recommend that you review these documents carefully to ensure the coverage limits and professional service descriptions accurately reflect your business operations. Please store these documents in a secure location.

In the event of a claim or a circumstance that may lead to a claim, please notify us immediately by contacting our Claims Department at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name]. If you have any questions regarding your coverage, please contact your agent, [Agent Name], at [Agent Phone Number].

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]